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FEC FORM 1

Use

Only

STATEMENT OF **ORGANIZATION**

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(Revised 06/2012)

NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) Choose Your Movement 15921 NW 176th Street ADDRESS (number and street) (Check if address is changed) F_1L 33015 Miami CITY A ZIP CODE A STATE A COMMITTEE'S E-MAIL ADDRESS (Check if address FEG@cympaciong | | | is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address www.GhooseYourMovement.org is changed) www.cympac.org 2.3 2 0 1 3 DATE FEC IDENTIFICATION NUMBER ▶ X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer **IULBRINE SOTELO** Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1

Federal Election Commission

Toll Free 800-424-9530

Local 202-694-1100

	FEC F	orm 1 (Revised 02/2009)	Page 2					
		COMMITTEE e Committee:						
(a)	• :	This committee is a principal campaign committee. (Complete the candidate information below.)						
(b)	:	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)						
Name Cano	e of didate		 					
	didate / Affiliat	Office ion Sought: House Senate President	State District					
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.						
Name Cand	e of lidate							
Part	ty Cor	nmittee:	Malanana A Malanana					
(d)	·		emocratic, publican, etc.) Party.					
Poli	tical A	Action Committee (PAC):						
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	cted organization is a					
		Corporation Corporation w/o Capital Stock	abor Organization					
		Membership Organization Trade Association C	Cooperative					
		In addition, this committee is a Lobbyist/Registrant PAC.						
(f)	.X .	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)						
		In addition, this committee is a Lobbyist/Registrant PAC.						
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)						
Join	t Fund	draising Representative:						
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/graphizations, at least one of which is an authorized committee of a federal candidate.						
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.						
	Con	nmittees Participating in Joint Fundraiser						
	1.		KURNUTTU TUTTUTE					
			reaction and Education					
	2.		in Programs Programs					
	3.	FEC ID number C	<u>.</u>					
	4.	FEC ID number C	· · · · · · · · · · · · · · · · · · ·					

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Write or Type Committee Name	Choose Your Movement	
6. Name of Any Connected C	rganization, Affiliated Committee, Joint Fundraising Representative, or Leadership I	PAC Sponsor
111111111		
Mailing Address		
maining / tables		
		1-1
	CITY STATE ZIP	CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative Leaders	ship PAC Sponsor
 Custodian of Records: Identification books and records. 	tify by name, address (phone number optional) and position of the person in possess	sion of committee
Full Name <u>[]ULBRI</u>	NE SQTELO	
Mailing Address	PO BOX 278634	
	Miramar FL 33027	
Title or Position	CITY STATE ZIP	CODE
·		
TREASURER	Telephone number 786 - 317	_]- <u>[7266_</u> _
8. Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the name assistant treasurer).	and address of
Full Name of Treasurer JULBRI	NE SOTELO	
Mailing Address	PO BOX 278634	
		111.
	Miraman FL 33027	
Title or Positian	CITY STATE ZIP	CODE
TREASURER	Telephone number 786 - 317 -	_ <u> - 7266</u>

9.

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Full Name of Designated Agent SAYAN	ASQTELO,		
Mailing Address	PO BOX 278634		
	Miramar CITY	FL 3302	ZIP CODE
Title or Position			
Assistant Treasurer	Telephone nu	mber	
Banks or Other Depositori safety deposit boxes or mair	es: List all banks or other depositories in which the commintains funds.	ttee deposits funds, hold	ds accounts, rents
Name of Bank, Depository,	etc.		
Mailing Address			
		نبا لبا	
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
Mailing Address			
		بنا لنا	
	CITY	STATE	ZIP CODE

Committee Name:	
Choose Your Movem	ent
If registered, FEC ID:	
Today's Date:	
10/23/2013	

Federal Election Commission 999 E Street, N.W. Washington, D.C. 20463

Re: Form 1, Statement of Organization-Unlimited Contributions

To Whom It May Concern:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Respectfully submitted,

Theasurer's Name:

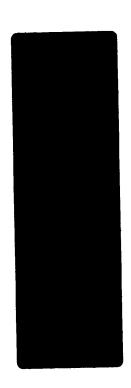
JULBRINE SOTELO

, Treasurer

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104-1/AM 8: 38

FEC MAIL CENTER



Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. **Date of Receipt** Hand Delivered Postmarked **USPS First Class Mail** 10/03/13 Postmarked (R/C) USPS Registered/Certified **Postmarked USPS Priority Mail** Postmarked **USPS Priority Mail Express** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery Date of Receipt** Received from House Records & Registration Office Date of Receipt Received from Senate Public Records Office Date of Receipt Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): 11/1/13

DATE PREPARED

(8/2013)

PREPARER